Idaho Corpo		lo De eletera d'Arrest e e			
•	Idaho Corporation Annual Report Form		2. Registered Agent and Office		
33 4080	Due No Later Than November 1,		NORMAN R. GARLINGTON		
Room 203, State MAGIC VALLE Boise, ID 83720 C. OF STATEDONNA GARLI		TWIN FALLS 3. Incorporated Under	ID	83301	
8**AM 8,28 FALLS	ENUT NORTH	of 10 NO: 026839			
of Officers and Directors	* ***				
<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>	
orman R. Garlingt ary Lou Crane onna Garlington		E. Twin Falls,	IDAHO	83301 83301 83301	
true co	that this Annual Report has been errect and complete.	xamined by me and is to the		Ŭ	
	1. Mailing Address— OF STATEDONNA GARLA OF STATEDONNA GARLA 8*** PM	1. Mailing Address — Please Correct OF STATEDONNA GARLINGTON 704 2ND AVENUE NORTH 8**AM 8 28	1. Mailing Address — Please Correct 1. Mailing Address — Twin Falls 3. Incorporated Under of ID No: 026839 1. Officers and Directors Name — Street or P.O. Address — City 1. Mailing Address — City 1. Mailing Address — Please Correct 3. Incorporated Under of ID No: 026839 1. Mailing Address — City Twin Falls, T	1. Mailing Address - Please Correct Twin Falls 1D 3. Incorporated Under The Laws of 1D 8**AM 8728 FALLS 1D 83301 MO: 026839 Morgan R. Garlington 357 Teton 1608 9th Ave. E. Twin Falls, IDAHO ary Lou Crane 1608 9th Ave. E. Twin Falls, IDAHO ary Lou Grane 357 Teton Twin Falls, IDAHO Twin Falls, IDAHO Twin Falls, IDAHO Twin Falls, IDAHO 8. Certify that this Annual Report has been examined by me and is to the best of my true, correct and complete. 8. Certify that this Annual Report has been examined by me and is to the best of my true, correct and complete. 8. Signature May May May Date 11-1-9	